

SOUTH DAKOTA DIVISION OF INSURANCE
445 EAST CAPITOL AVENUE, 1ST FLOOR
PIERRE, SD 57501
(605) 773-3563
www.state.sd.us/drr/reg/insurance

**UNAUTHORIZED INSURER BUSINESS WRITTEN & PREMIUM TAX REPORT
SURPLUS LINES INSURER -- RISK RETENTION GROUP**

Date Due: April 1

1st QTR _____ due April 30 / 2nd QTR _____ due July 31 / 3rd QTR _____ due Oct 31 / 4th
QTR _____ due Jan 31, _____. (Please check which report is being filed – Qtrly/Annual)
(ENTER YEAR)

NAME: _____ NAIC NO. _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____
(PLEASE PRINT)

PART I. DIRECT WRITTEN PREMIUM PRODUCER REPORT. (All insurers complete this section)

List the name & address of all South Dakota Licensed Surplus Line Brokers responsible for placing the direct business written on South Dakota resident risks, the name and address of the insured, date effective, policy number and amount of the premium. If not applicable, list business or individual self-procuring. Attach additional pages if necessary.

NAME	ADDRESS	PROD. CLASS*	TOTAL AMOUNT WRITTEN
1.			
2.			
3.			

TOTAL PREMIUMS WRITTEN \$ _____ **
=====

* Producer Classes: (1) South Dakota Surplus Lines Broker
(2) Individual Self-Procured

**This figure must match Part II, Line 3.

PART II. DIRECT PREMIUM WRITTEN REPORT. (All insurers complete this section.)

1. Direct Premium Written 1/1/_____ to 12/31/_____:

Fire Premium:	(1) \$ _____
All Other:	(2) \$ _____

Add: (1) + (2) Total Direct Written Premium	(3)^ \$ _____
	=====

^ Cross-check: A.S. - SD State Page & Schedule T.

(Signature)